

REISSUE APPLICATION DECLARATION BY THE INVENTOR**Docket Number (Optional)**
850063.603R1

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number **6,269,352**, granted **July 31, 2001**, and for which a reissue patent is sought on the invention entitled **LOW-VOLTAGE, VERY-LOW-POWER CONDUCTANCE MODE NEURON**, the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____.
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The claims are unduly limiting because of the recitation of "neural" in the preamble.

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 850063.603RI	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
<u>Name(s)</u>		<u>Registration Number</u>	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number —————→		00500	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) Vito Fabbrizio			
Inventor's signature		Date	
Residence Piacenza, Italy		Citizenship Italy	
Mailing Address Via Cornelianiana, 44 – 29100 Piacenza, Italy			
Full name of second joint inventor (given name, family name) Gianluca Colli			
Inventor's signature		Date	
Residence Santa Clara, California		Citizenship Italy	
Mailing Address 141 Saratoga Avenue, #1215, Santa Clara, California 95051			
Full name of third joint inventor (given name, family name) Alan Kramer			
Inventor's signature		Date	
Residence Berkeley, California		Citizenship US	
Mailing Address 2716 Fulton Street, Berkeley, California 94705			
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 850063.603RI
<p>I hereby declare that:</p> <p>My residence and mailing address and citizenship are stated below next to my name.</p> <p>I am authorized to act on behalf of the following assignee: STMicroelectronics S.r.l.</p> <p>and the title of my position with said assignee is: Vice President of IP and Licensing</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Name of Patentee(s): Vito Fabbriozio, Gianluca Colli, and Alan Kramer		
Patent Number 6,269,352	Date of Patent Issued July 31, 2003	
Title of Invention LOW-VOLTAGE, VERY-LOW-POWER CONDUCTANCE MODE NEURON		
<p>I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled LOW-VOLTAGE, VERY-LOW-POWER CONDUCTANCE MODE NEURON.</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p>(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p> <p>At least one error upon which reissue is based is described as follows:</p> <p>The claims are unduly limiting because of the recitation of "neural" in the preamble.</p> <p>[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>		

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 850063.603RI	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		00500	
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City		State	ZIP
Country			
Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Lisa K. Jorgenson			
Signature		Date	
Address of Assignee Via C. Olivetti, 2 – I-20041, Agrate Brianza, Italy			
Patentee Vito Fabbrizio		Citizenship Italy	
Residence/Mailing Address Via Cornelianiana, 44 – 29100 Piacenza, Italy			
Patentee Gianluca Colli		Citizenship Italy	
Residence/Mailing Address 141 Saratoga Avenue, #1215, Santa Clara, California 95051			
<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 850063.603RI	
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OR			
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Address			
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Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name)			
Signature		Date	
Address of Assignee			
Patentee Alan Kramer		Citizenship US	
Residence/Mailing Address 2716 Fulton Street, Berkeley, California 94705			
Patentee		Citizenship	
Residence/Mailing Address			
<input type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

PTO/SB/53 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 850063.603RI	
This is part of the application for a reissue patent based on the original patent identified below.			
Name of Patentee(s) Vito Fabrizio, Gianluca Colli, and Alan Kramer			
Patent Number 6,269,352		Date Patent Issued July 31, 2001	
Title of Invention LOW-VOLTAGE, VERY-LOW-POWER CONDUCTANCE MODE NEURON			
1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)			
2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.			
One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".			
The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.			
The assignee(s) owning an undivided interest in said original patent is/are STMicroelectronics S.r.l. and the assignee(s) consents to the accompanying application for reissue.			
Name of assignee/inventor (if not assigned) STMicroelectronics S.r.l.			
Signature		Date	
Typed or printed name and title of person signing for assignee (if assigned) Lisa K. Jorgenson, Vice President of IP and Licensing			

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PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Vito Fabbrizio et al.Application No./Patent No.: 6,269,352 Filed/Issue Date: July 31, 2001Entitled: LOW-VOLTAGE, VERY-LOW-POWER CONDUCTANCE MODE NEURONSTMicroelectronics S.r.l.

(Name of Assignee)

a

corporation(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the United States Patent and Trademark Office at
Reel 8543, Frame 0688, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the
current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title noted in B above are
attached.**[NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be
submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records
of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

DateLisa K. Jorgenson

Typed or printed name

SignatureVice President of IP and Licensing_____
TitleBurden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual
case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S.
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Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Docket No. 850063.603RI

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